
MRI OVERVIEW BRIEF



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New Organization Training



PURPOSE

***THE PURPOSE OF THIS BRIEFING IS TO INFORM
UNITS AND THEIR COMMANDERS OF THE ARMY'S
MEDICAL DEPARTMENT REORGANIZATION
UNDER THE MEDICAL REENGINEERING
INITIATIVE (MRI).***



OUTLINE

Why Change? (Lessons Learned)
MRI Vision/Force XXI Spt/New Capabilities
Milestones
MRI Value Added
MRI Organizations
Summary
Questions
Conclusion

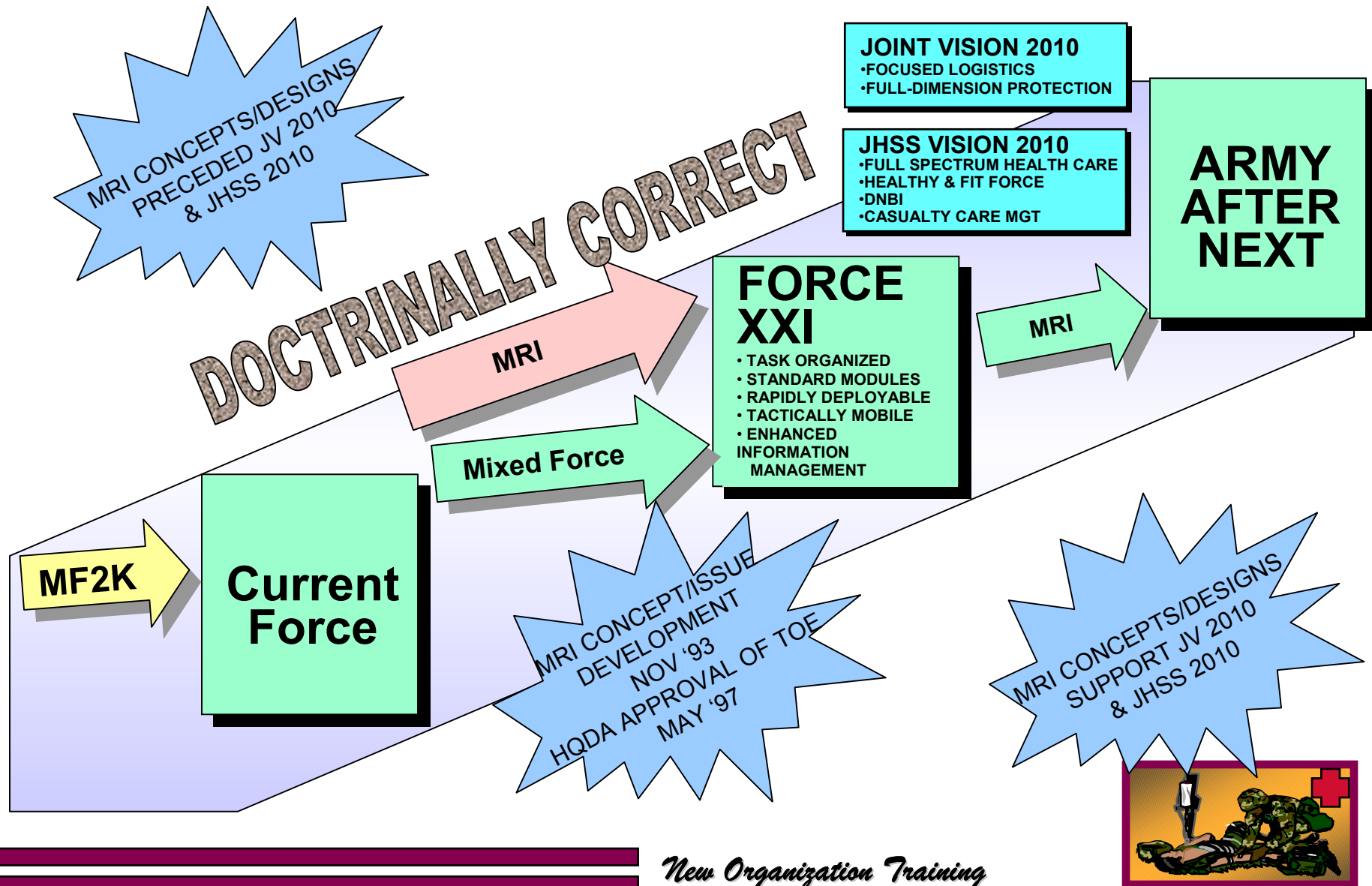


WHY CHANGE?

- **CHANGE IN NATIONAL MILITARY STRATEGY**
 - FORCE PROJECTION ARMY
 - FULL SPECTRUM FORCE
- **WARFIGHTER EXTENDED BATTLESPACE**
 - INCREASED MOBILITY
 - LENGTHENED AIR AND GROUND LOCs
- **LESSONS LEARNED**
 - INABILITY TO KEEP UP WITH COMBAT FORCES
 - INABILITY TO GET UNITS ON THE TPFDL
 - LACK OF TRUE EARLY ENTRY UNITS (C2, HOSPITALS, AREA SUPPORT, PM, LAB, LOG)
 - AMEDD C2 INADEQUATE FOR 24 HOUR AND SPLIT-BASED OPERATIONS
 - EMERGING WEAPONS OF MASS DESTRUCTION THREAT



MRI JOINT VISION 2010, JHSS VISION 2010, AAN



MRI SUPPORT TO FORCE XXI

- **MODULAR DESIGN IMPROVES**
 - **DEPLOYABILITY/ MOBILITY**
 - **SPLIT-BASED OPERATIONS**
 - **TASK FORCE ORGANIZATION FOR ANY MISSION/SCENARIO**
- **MAINTAIN LOW DOW**
 - **FAR FORWARD SURGICAL CAPABILITY, CLOSER TO THE POINT OF WOUNDING**
 - **TELEMEDICINE LINKAGE (ECHELON II TO ECHELON V)**
 - **TAILORABLE HOSPITALIZATION PROVIDES EARLY ENTRY CAPABILITY, SPLIT-BASED OPERATIONS, PROXIMITY TO THE WARFIGHTER**
- **REDUCTION IN FOOTPRINT, WITH INCREASE IN CAPABILITY**
- **PROVIDES FOR IMPROVED READINESS IN RC STATIONING**



COMPELLING VALUE FOR MRI

- MRI ORGANIZATIONAL DESIGN SUPPORTS THE TENETS OF FORCE XXI— FLEXIBLE, MODULAR, DEPLOYABLE, AND SPLIT-BASED OPERATIONS
- TO SUSTAIN LOW DOW RATE; MEDICAL FORCE STRUCTURE MUST

CHANGE TO SUPPORT FORCE XXI

- MUST REMAIN IN PROXIMITY OF THE WARFIGHTER
 - MODULAR DESIGN
 - SPLIT-BASED OPERATIONS
 - EARLY ENTRY MODULES
 - DEPLOYABILITY
- BOTTOM LINE: MF2K STRUCTURE NOT ABLE TO EFFICIENTLY SUPPORT WARFIGHTER CHANGES



MRI PERSONNEL REQUIREMENTS COMPARISON

TAA-07 MF2K vs MRI FORCE			
	MTW E	MTW W	TOTAL
MF2K	33,627	18,134	51,761
MRI	28,218	16,311	44,529
DELTA	-5,409	-1,823	-7, 232



MRI Unit Breakout Command and Control

- * Enhanced organizations for continuous operations
- * Split-based capability
- * ADP/comm enhancements
- * Crisis and deliberate planning capability

Current

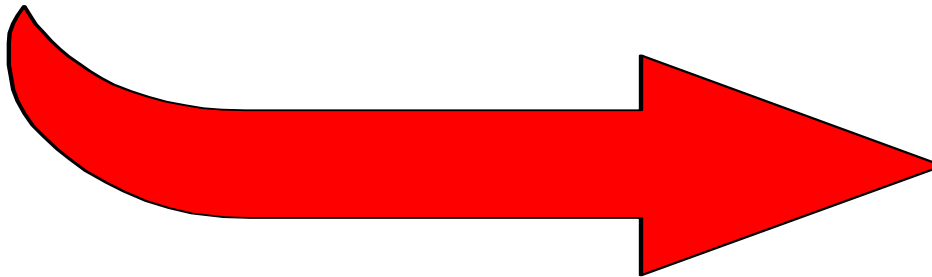
Description

HHC, Medical Command
HHC, Medical Bde (COMMZ)
HHC, Medical Bde (Corps)
HHD, Medical Group

MRI

Description

HHC, Medical Cmd (EAC)
HHC, Medical Bde (EAC)
HHC, Medical Cmd (Corps)
HHC, Medical Bde (Corps)



COMPELLING VALUE C4I

WHAT'S DIFFERENT

ORGANIZATIONAL STRUCTURE,
PLUS-UP OF PERSONNEL
ADDED A CIVIL AFFAIRS SECTION

CAPABILITIES

MEDCOM, THEATER CAN DEPLOY
EARLY ENTRY MODULE WITH
FOLLOW-ON FUNCTIONAL MODULE
24-HOUR OPERATIONS, SPLIT-BASED
OPERATIONS
COORDINATE MEDICAL CIVIL
MILITARY OPERATIONS AND
FACILITATE HOST NATION
SUPPORT INTERFACE

RISK IN NOT CONVERTING

INABILITY TO CONDUCT 24-HOUR OPERATIONS
CONTINUED DEPENDENCE ON THE
WARFIGHTER TO PROVIDE CBT ARMS EXPERTISE
NETWORK CONNECTIVITY DEGRADED
OR NONEXISTENT

ENABLERS

FORCE XXI BATTLE COMMAND BRIGADE &
BELOW (FBCB2)
COMBAT SERVICE SUPPORT CONTROL SYSTEM
(CSSCS)
GLOBAL COMBAT SUPPORT SYSTEM-ARMY (GCSS-A)
GLOBAL COMMAND CONTROL SYSTEM - ARMY
(GCCS-A)
MOVEMENT TRACKING SYSTEM (MTS)



MRI Unit Breakout Evacuation

Current

Description

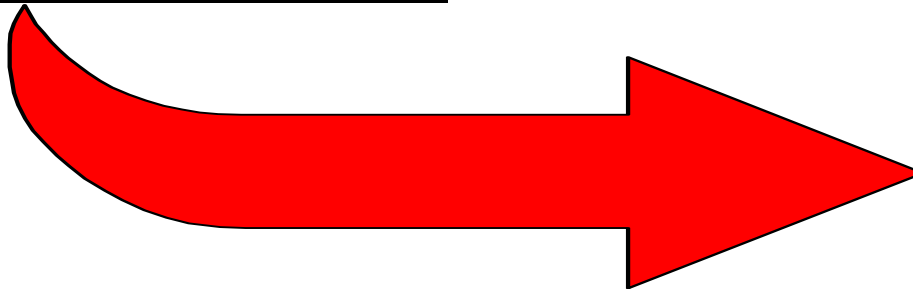
HHD, Medical Evacuation Bn
Air Ambulance Company
Ground Ambulance
Company

- * Minor changes to existing organizations
- * Enhancements for continuous operations
- * Split-based capability
- * Maintenance enhancements

MRI

Description

HHD, Medical Evacuation Bn
Air Ambulance Company
Ground Ambulance Company



COMPELLING VALUE EVACUATION

WHAT'S DIFFERENT

SMALLER GROUND AMB
COMPANY (24 AMB W/2 PLTs)

GROUND EVAC—CREATED
XO POSITION FOR SPLIT-
BASED OPERATIONS

AIR EVAC—ADDED TWO
FLIGHT OPS OFFICERS TO
FACILITATE SPLIT-BASED OPS

CAPABILITIES

BOTH AIR AND GROUND AMB
COMPANIES ARE BETTER
SUITED FOR SPLIT-BASED OPS

ADDED FM AND DATA
TRANSFER

RISK IN NOT CONVERTING

LACKS VERTICAL AND HORIZONTAL
COMMUNICATIONS CAPABILITIES

LIMITED ABILITY FOR SPLIT-BASED
OPERATIONS

OVER STRUCTURED IN GROUND
EVAC

ENABLERS

MTS (GROUND AMBULANCES)

FBCB2 (UH-60Q, GROUND AMBULANCES)



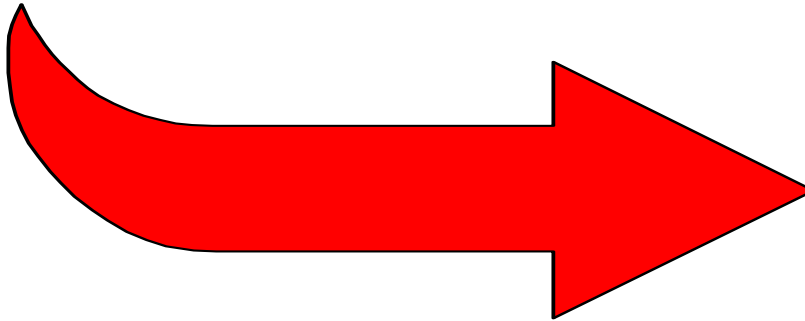
MRI Unit Breakout Area Medical Support

Current

Description

Area Support Medical Battalion
Medical Holding Company

- * Fixed organization made modular
- * Enhanced treatment capability and clinical supervision
- * Primary health care at POEs/PODs



MRI

Description

HHD, Area Support Medical Battalion
Area Support Medical Company
Area Support Medical Detachment



COMPELLING VALUE AREA SUPPORT

WHAT'S DIFFERENT

NON-FIXED BATTALION
STAND ALONE MEDICAL
COMPANY, AREA SUPPORT
MEDICAL DETACHMENT,
AREA SUPPORT

CAPABILITIES

MEDICAL SUPPORT TO
PODS, POES, AND RSO&I
INCREASED SPAN OF CONTROL
(BATTALION IS CAPABLE OF
PROVIDING C2 TO 3-7
MEDICAL UNITS)

RISK IN NOT CONVERTING

OVERSTRUCTURE WITH FIXED
BATTALION
LARGE MEDICAL FOOTPRINT TO
SUPPORT PODS, POES, AND RSO&I
OPERATIONS
LARGE MEDICAL FOOTPRINT FOR
ANCILLARY MEDICAL UNITS IN
CORPS/EAC

ENABLERS

ORGANIZATIONAL DIVERSITY
TMIP
CSSCS
GCSS-A



MRI Unit Breakout Medical Logistics

Current

Description

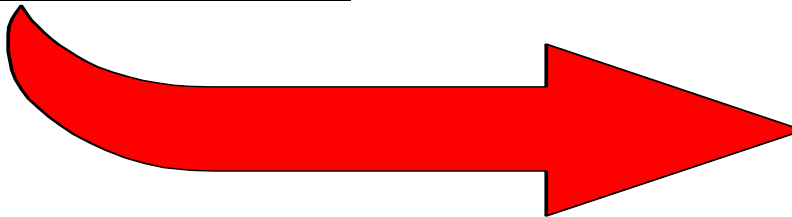
Med Logistics Bn (Fwd)
Med Logistics Bn (Rear)
Theater Med Mat Mgt Ctr
Logistics Support
Detachment

- * Fixed organization made modular
- * Split-based capability
- * Integrated with BDS
- * ADP/comm enhancements for ITV, TAV
- * Enhanced mobility
- * SIMLM responsibilities

MRI

Description

HHD, Med Logistics Bn
Medical Logistics Company
Logistics Support Company
Blood Support Detachment
Med Logistics Mgt Center



COMPELLING VALUE LOGISTICS

WHAT'S DIFFERENT

MODULAR BLOOD UNIT, WITH
SEPARATE SRC, ALLOWS FOR
MORE FLEXIBLE TASK
ORGANIZATION

DEDICATED MEDLOG CO IN
SUPPORT OF A DIVISION

INCREASED MED MAINT
CAPABILITY

CAPABILITIES

ENABLERS PROVIDING FOR
THROUGHPUT OF CL VIII FROM
SUSTAINING BASE

INCREASED MED PLT (BAS)
CAPABILITY TO REQUEST CLASS VIII

RISK IN NOT CONVERTING

MEDICAL LOGISTICS FOOTPRINT TOO
LARGE FOR REQUIREMENT

CL VIII SYSTEM NOT CAPABLE OF
MAINTAINING CONTACT WITH THE
WARFIGHTER

BLOOD MANAGEMENT NOT AVAILABLE
WITHOUT CALLING UP ENTIRE BATTALION

ENABLERS

MEDLOG-D

GCSS-A

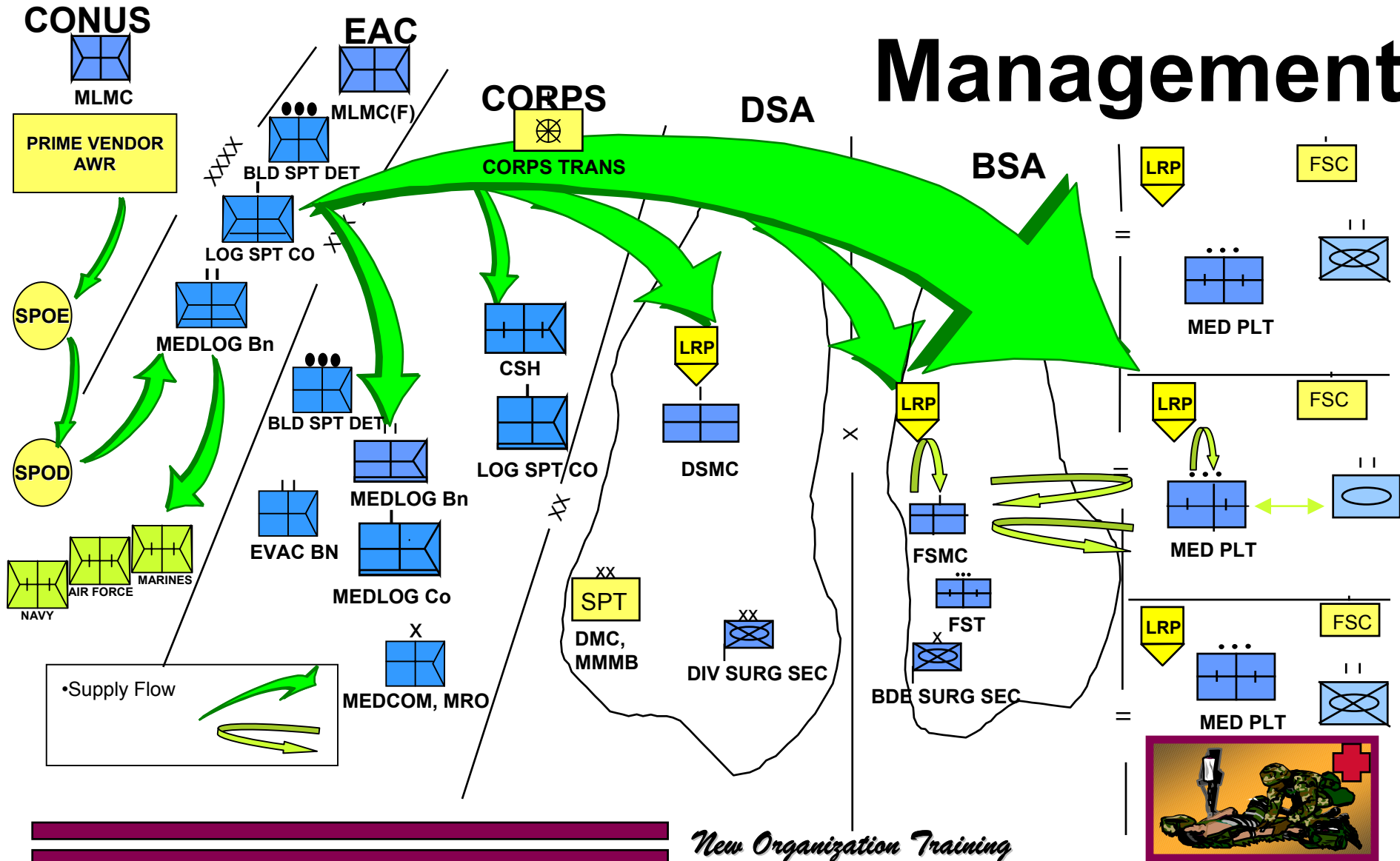
CSSCS

DEFENSE BLOOD
STANDARD SYSTEM (DBSS)

DEFENSE MEDICAL
LOGISTICS STANDARD
SUPPORT (DMLSS)



Class VIII Distribution Management



MRI Unit Breakout Hospitalization

Current Description

Combat Support Hospital
Field Hospital
General Hospital
Mobile Army Surgical Hospital
Head & Neck Surgery Team
Neurosurgery Team
Eye Surgery Team
Pathology Team
Hemodialysis Team
Infectious Disease Team
Forward Surgical Team (FST)
Forward Surgical Team, (ABN)

- * One type of hospital..two variants (248 beds)
- * Modular organizations
- * Split Based 84 bed/164 bed companies (Corps CSH)
- * Hospital designed like battalion organization
- * Hospital only intensive and intermediate care beds
- * Minimal care beds provided by Min Care Det
- * Added Special Care Augmentation Team for OMO
- * Non Split Based CSH EAC 248 Beds

MRI Description

Combat Support Hospital (Corps)
Combat Support Hospital (EAC)
Minimal Care Detachment
Pathology Team
Renal Dialysis Team
Infectious Disease Team
Special Care Team
Head & Neck Surgery Team
Telemedicine Detachment
Forward Surgical Team
Forward Surgical Team, (ABN)



COMPELLING VALUE HOSPITALIZATION

WHAT'S DIFFERENT

FUNCTIONAL MODULAR
HOSPITAL STRUCTURE

COMBINED THREE
SURGICAL SPECIALTY
TEAMS AND MEDICAL
EQUIPMENT SETS

CAPABILITIES

SPLIT-BASED RELOCATION
W/ORGANIC TRANSPORTATION

EARLY ENTRY
HOSPITALIZATION

TASK ORGANIZE HOSPITAL
BASED ON MISSION
REQUIREMENTS

RC STATIONING

RISK IN NOT CONVERTING

OVERSTRUCTURE IN HOSPITALS
INABILITY TO TASK-ORGANIZE MULTI-
FUNCTIONAL MEDICAL MODULES
NO SPLIT-BASED OPERATIONS

ENABLERS

84-BED COMPANY/164-BED COMPANY (Corps CSH)
MINIMAL CARE DETACHMENT (MODULAR DESIGN)
AUGMENTATION TEAM, SPECIAL CARE
(HUMANITARIAN)
THEATER MEDICAL INFORMATION PROGRAM (TMIP)
TACTICAL MOBILITY WHERE NEEDED



Combat Support Hospital, EAC/Corps

Medical Company, 84 Bed(Corps CSH)

- 24 ICU beds
- 60 ICW beds
- Two OR tables staffed for 36 table hrs/day
- Emergency treatment and pre-op preparation
- Consultation and outpatient services
- P, L, X, blood banking and nutrition care
- 100% mobility for 44 bed, 1st Echelon

44 Bed Early Entry Module

Corps/EAC CSH, 248 Bed

- 48 ICU beds
- 200 ICW beds
- Six OR tables staffed for 96 table hrs/day
- Emergency treatment and pre-op preparation
- Consultation and outpatient services
- P, L, X, blood banking and nutrition care

Medical Company, 164 Bed (Corps CSH)

- 24 ICU beds
- 140 ICW beds
- Four OR tables staffed for 60 table hrs/day
- Emergency treatment and pre-op preparation
- Consultation and outpatient services
- P, L, X, blood banking and nutrition care

Minimal Care Detachment

- 120 minimal care beds
- Rehabilitative and reconditioning for RTD patients
- Physical and Occupational Therapy
- Nursing augmentation for hospital to which assigned

Note: EAC CSH companies are non-split based and do not duplicate functions as in the Corps version

New Organization Training



Combat Support Hospital, EAC/Corps

Combat Support
Hospital
EAC/Corps
248 Bed

HHD
Combat Support
Hospital
EAC/Corps
248 Bed

Hosp Aug Teams

Hospital Company
84 Bed

Hospital Company
164 Bed

Hosp Aug Teams

Medical
Detachment,
Minimal Care

Medical
Detachment,
Minimal Care

44 Bed Early
Entry Module

Flexible & Tailorable

New Organization Training



MF2K/MRI Hospital Comparison

Corps Structure

EAC Structure

	CSH MF2K	CSH (CORPS) MRI	FLD MF2K	GEN MF2K	CSH (EAC) MRI
BEDS	296 ICU-ICW-MCW-CCW 96-160-40-0	248 ICU-ICW-MCW-CCW 48-200-0-0	504 ICU-ICW-MCW-CCW 24-160-40-280	476 ICU-ICW-MCW-CCW 96-340-40-0	248 ICU-ICW-MCW-CCW 48-200-0-0
PERSONNEL REQUIREMENTS	600 O - W - E 173-2-425	520 O - W - E 158-2-360	424 O - W - E 102-2-320	752 O - W - E 220-2-350	492 O - W - E 158-2-332
TOTAL UNITS	34	22	11	6	15

From a 4 hospital
system to a 1 hospital
system with 2 variants

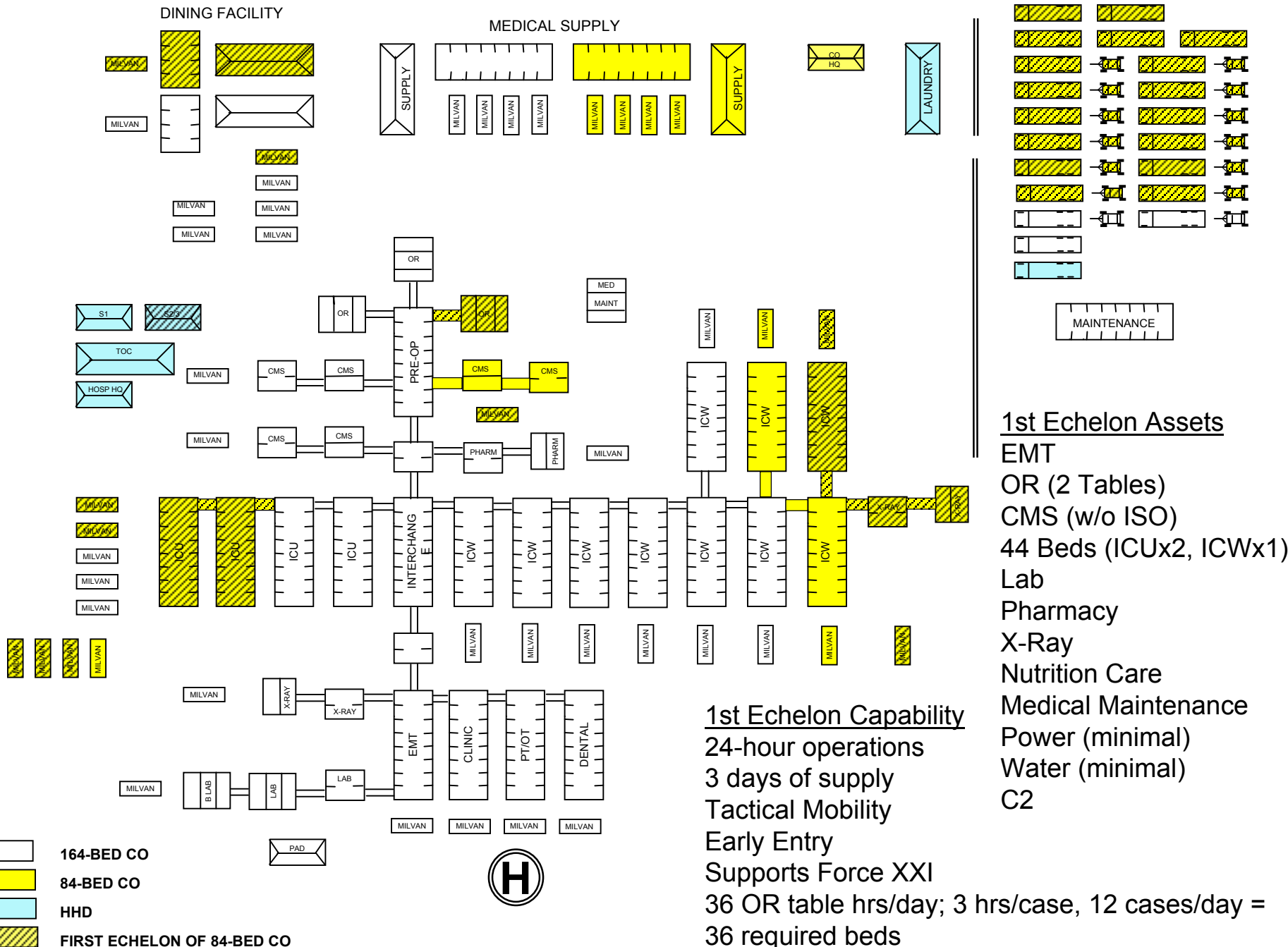
From 51 TOE
hospitals to 37



248-BED COMBAT SUPPORT HOSPITAL (CORPS)

DINING FACILITY

MEDICAL SUPPLY



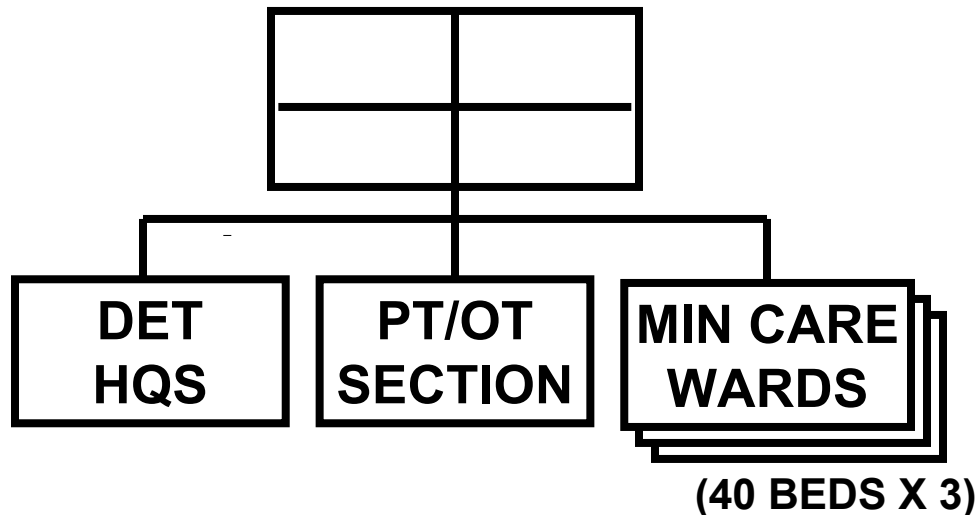
STRATEGIC DEPLOYMENT

Modularity Enhances Deployability While Reducing Excess Capacity

CAPABILITY	CSH, 84 Bed Co (MRI)	CSH, HHD & 84 Bed Co Corps (MRI) Plus Min Care Det	CSH, 296 Bed Co Corps (MF2K)
Deployability-Air (less vehicles)	3 C-5 (*2)	5 C-5	8 C-5
Deployability-Air (with vehicles)	7 C-5 (*6)	11 C-5	14 C-5
Deployability-Surface (less vehicles)	2.7% LMSR	3.7% LMSR	7.7% LMSR



Medical Detachment Minimal Care



MFXXI PERSONNEL 39
7 / 0 / 32

- 120 MINIMAL CARE BEDS PER DETACHEMENT
- PROVIDES MINIMAL CARE BEDS THROUGHOUT THE THEATER
- ALWAYS ATTACHED TO A HOSPITAL, NOT STAND ALONE
- HHD INCLUDES SUPPORT STAFF TO AUGMENT HOSP SECTIONS
- INCLUDES PT/OT



The Forward Surgical Team (FST)

Far Forward Surgical Intervention



Personnel

3 General Surgeons
1 Orthopedic Surgeon
3 Med - Surg/OR Nurses
2 Nurse Anesthetists
1 Field Medical Assistant
3 Practical Nurses
3 OR Technicians
4 Medical Specialists

Capabilities

- * Continuous operations for up to 72 hours
- * Emergency treatment, triage, surgery, and post operative care for 20 patients over a 48 hour period
- * Rapidly deployable, 100% mobile
- * Airborne and non-airborne version
- * Allocated one per combat brigade



MRI Unit Breakout Support Organizations

Current

Description

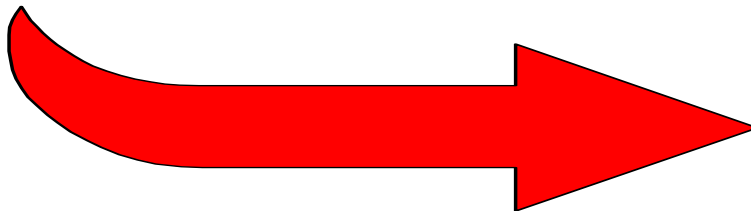
HHD, Dental Svc Battalion
Dental Svc Company
Prosthodontics Detachment
Cbt Stress Ctrl Company
Cbt Stress Ctrl Detachment
PM Detachment (Sanitation)
PM Detachment (Entomology)
Theater Area Med Lab
Vet Svc Hq
Vet Svc Detachment
Vet Medicine Detachment
Vet Svc Detachment (Small)

- * Modular organizations
- * Combines units to reduce overhead/redundancy
- * "Pushes forward" support
- * Enhanced mobility
- * ADP and comm enhancements
- * WEAR for Veterinary support

MRI

Description

Area Spt Dental Company
Cbt Stress Ctrl Detachment
Cbt Stress Ctrl Company
Preventive Med Detachment
HHD, Veterinary Support Bn
Surveillance Detachment
Food Procurement Detachment
Animal Surgical Detachment
Area Medical Laboratory



COMPELLING VALUE LABORATORY

WHAT'S DIFFERENT

EAD - BASED MISSION
SPLIT-BASED OPERATIONS
IN-THEATER NBC SAMPLE ID
AND CONFIRMATION OF USE
FOCUS ON BATTLEFIELD
HEALTH HAZARDS

CAPABILITIES

PROVIDES NEAR TO REAL-
TIME DATA FOR CDRS
CAN DEPLOY 100% MOBILE
FUNCTIONAL TEAMS TO
CONDUCT FAR-FORWARD
DETECTION
EARLY CONFIRMATION OF
NBC USE

RISK IN NOT CONVERTING

INABILITY TO CONDUCT FAR-
FORWARD DETECTION
UNABLE TO PERFORM SPLIT-BASED
OPERATIONS
CONTINUED DEPENDENCE ON CONUS
BASED NBC SAMPLE ID AND
CONFIRMATION

ENABLERS

STATE-OF-THE-ART ANALYSIS
TECHNOLOGY
TMIP
CSSCS
GCSS-A



COMPELLING VALUE PREVENTIVE MEDICINE

WHAT'S DIFFERENT

SINGLE UNIT

UNIT COMPOSED OF THREE
STAND ALONE TEAMS

CAPABILITIES

SPLIT-BASED RELOCATION
W/ORGANIC TRANS/COMM

FLEXIBILITY TO SUPPORT
BROAD RANGE OF MISSIONS
SUCH AS EARLY ENTRY

TEAMS ARE 100% MOBILE
AND INCREASED COVERAGE
AREA BY 33%

RISK IN NOT CONVERTING

INABILITY TO COVER DIGITAL
BATTLE SPACE

ECONOMY OF FORCE (i.e. Single
Unit vs Two Types of Units)

NO SPLIT-BASED OPERATIONS

ENABLERS

COMMUNICATIONS AND TACTICAL MOBILITY
WHERE NEEDED

GCSS-A, CSSCS, TMIP

LABORATORY/RISK ASSESSMENT SUPPORT FROM
THE AREA MEDICAL LABORATORY



COMPELLING VALUE DENTAL

WHAT'S DIFFERENT

CONSOLIDATION OF DENTAL
UNITS

FUNCTIONAL MODULAR
STRUCTURE

CAPABILITIES

ADDITIONAL SPECIALTIES
ORGANIC

SPLIT-BASED CAPABLE
W/ORGANIC TRANS

CAN BE TASKED-ORGANIZED

RISK IN NOT CONVERTING

FORCE STRUCTURE ALREADY
RECOUPED

NO SPLIT-BASED OPERATIONS

KEY SPECIALTIES NOT AVAILABLE

ENABLERS

NEW DENTAL EQUIPMENT SETS

- DES PERIO AUGMENTATION
- DES ENDO AUGMENTATION

THEATER MEDICAL INFORMATION
PROGRAM (TMIP)

TACTICAL MOBILITY



COMPELLING VALUE VETERINARY

WHAT'S DIFFERENT

SMALLER FUNCTION-BASED
UNITS

INCREASED SKILL LEVEL OF
ENLISTED SPECIALTIES

INCREASED MODULARITY AND
MOBILITY

CAPABILITIES

SUPPORT TO IN-THEATER
FOOD PROCUREMENT

RAPID FOOD SAFETY
DIAGNOSTICS

CAN SUPPORT UP TO 30%
MORE FOOD SITES ALONG
W/ANIMAL MEDICAL SUPPORT

RISK IN NOT CONVERTING

INABILITY TO COVER BATTLE SPACE
TO INCLUDE JOINT REQUIREMENTS

MINIMAL MODULARITY

LACK OF FOOD SAFETY TESTING

WILL REQUIRE A MUCH LARGER UNIT
TO PERFORM THE SAME FOOD
PROCUREMENT MISSION

ENABLERS

NEW FOOD SAFETY DIAGNOSTIC
EQUIPMENT

TMIP

CSSCS

GCSS-A



COMPELLING VALUE COMBAT STRESS CONTROL

WHAT'S DIFFERENT

STRONGER DETACHMENTS
AND COMPANIES
MORE SELF-SUFFICIENT
FOR UNIT ADMIN/LOGISTICS

CAPABILITIES

DETACHMENTS CAN DO SPLIT
BASED OPERATIONS
BETTER TASK ORGANIZATION
FOR MTW AND SASO
MOBILE CSC IN COMMZ AS
WELL AS IN CORPS AND FAR
FORWARD BRIGADES

RISK IN NOT CONVERTING

PARTIAL DEPLOYMENT OF UNIT
LEAVES REMAINDER DISABLED
LESS EFFICIENCY AND FLEXIBILITY AT
GREATER COST IN PERSONNEL
LESS EFFECTIVE PREVENTION OR
QUICK RECOVERY OF STRESS
CASUALTIES THROUGHOUT THEATER

ENABLERS

COMMUNICATIONS FOR SECURITY,
MOBILITY, CONSULTATION and TMIP
TACTICAL MOBILITY
INTEGRATION WITH OPERATIONAL
STRESS ASSESSMENT METHODOLOGY



SUMMARY

- The need for change
- Capabilities/Enhancements
- How we got here?
- Organizations under MRI



QUESTIONS

?



Points of Contact

New Organizational Training

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<http://www.amedd.army.mil/dts.Not.htm>

